

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROWN SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00194568, IN00198497, and IN00198688.</p> <p>Complaint IN00194568- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00198497- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00198688- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: April 29 and May 2, 2016</p> <p>Facility number: 013328 Provider number: NA AIM number: NA</p> <p>Census bed type: Residential: 70 Total: 70</p> <p>Census payor type: Medicaid: 60 Other: 10 Total: 70</p> <p>Sample: 3</p> <p>Crown Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00194568, IN00198497, and IN00198688.</p> <p>QR was completed by 99993 on 05/04/16.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE